| Fill in this in | formation to identify | your case: | | | | | | | |
|--|---|---|---|---|-------------------------|--|--|--|--|
| Debtor 1 | VIKRAM First Name | | PASALA Last Name | | | | | | |
| Debtor 2 | | | | | | | | | |
| (Spouse, if filing) | | Middle Name | Last Name | | | | | | |
| United States Bankruptcy Court for the: Eastern District of Michigan Case number 24-44296 | | | | | | | | | |
| Case number (If known) | 24-44290 | | | | | Check if this is: An amended filing | | | |
| | | | | | | ☐ An amended filing ☐ A supplement showing postpetition chapter 13 | | | |
| Official Ea | 1061 | me as of the following date: | | | | | | | |
| Official Fo | | MM / | DD / YYYY | | | | | | |
| Sched | ule I: You | ır Income | | | | 12/15 | | | |
| supplying cor If you are sep separate shee | rect information. If yo arated and your spou | ou are married and not filir use is not filing with you, d top of any additional page | ng jointly, and yo o not include inf | ur sp orma | ouse is living with | otor 2), both are equally responsible for a you, include information about your spouse. souse. If more space is needed, attach a f known). Answer every question. | | | |
| | employment | | Debtor 1 | | | Debter 2 or non-filing enouge | | | |
| informatio | more than one job, | | Deptor 1 | | | Debtor 2 or non-filing spouse | | | |
| attach a se | parate page with about additional | Employment status | ☑ Employed ☐ Not employe | ed | | ☐ Employed ☐ Not employed | | | |
| Include part-time, seasonal, or self-employed work. | | | | Onematica | | | | | |
| | n may include student aker, if it applies. | Occupation | Vice President of Operation | | | | | | |
| Emplo | | Employer's name | RS Technologies Inc | | Inc | | | | |
| | | Employer's address | 37085 Grand River Avenue | | er Avenue | | | | |
| | | | Number Street 050 | | | Number Street | | | |
| | | | - | *************************************** | | | | | |
| | | | | | | | | | |
| | | | Farmington City | Sta | MI 48335 te ZIP Code | City State ZIP Code | | | |
| | | How long employed there | | | 211 3000 | One month | | | |
| Part 2: | Give Details About | Monthly Income | | | | | | | |
| SHOOT TO SELECT | | | If you have noth: | 201 60 | report for any line | write \$0 in the space Include value and \$10- | | | |
| Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. | | | | | | | | | |
| | | | | | For Debtor 1 | For Debtor 2 or non-filing spouse | | | |
| List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. \$ 6,666.66 \$ | | | | | | | | | |
| 3. Estimate and list monthly overtime pay. | | | | | +\$ 0.00 | + \$ | | | |
| 4. Calculate gross income. Add line 2 + line 3. | | | | | \$ 6,666.66 | \$ | | | |

Official Form 106l

Schedule I: Your Income

page 1

SAGAR

PASALA

Case number (if known) 24-44296

| | | For Debtor 1 | For Debtor 2 or non-filing spouse | | | | | |
|---|--------|----------------------|---|--------------------|--|--|--|--|
| Copy line 4 here | 4. | \$ 6,666.66 | \$ | | | | | |
| 5. List all payroll deductions: | | | | | | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | \$1,368.66 | \$ | | | | | |
| 5b. Mandatory contributions for retirement plans | 5b. | \$ | \$ | | | | | |
| 5c. Voluntary contributions for retirement plans | 5c. | \$ | \$ | | | | | |
| 5d. Required repayments of retirement fund loans | 5d. | \$ | \$ | | | | | |
| 5e. Insurance | 5e. | \$ | \$ | | | | | |
| 5f. Domestic support obligations | 5f. | \$ | \$ | | | | | |
| 5g. Union dues | 5g. | \$ | \$ | | | | | |
| 5h. Other deductions. Specify: | 5h. | +\$ | + \$ | | | | | |
| 6. Add the payroll deductions . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. | 6. | \$ 1,368.66 | \$ | | | | | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$5,298.01 | \$ | | | | | |
| 8. List all other income regularly received: | | | | | | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm | | | | | | | | |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | \$ | | | | | |
| 8b. Interest and dividends | 8b. | \$ | \$ | | | | | |
| 8c. Family support payments that you, a non-filing spouse, or a depende regularly receive | nt | *** | | | | | | |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | \$ | | | | | |
| 8d. Unemployment compensation | 8d. | \$ | \$ | | | | | |
| 8e. Social Security | 8e. | \$ | \$ | | | | | |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistanthat you receive, such as food stamps (benefits under the Supplemental | ce | | | | | | | |
| Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | \$ | | | | | |
| 8g. Pension or retirement income | 8g. | \$ | \$ | | | | | |
| 8h. Other monthly income. Specify: | 8h. | +\$ | +\$ | | | | | |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$ | \$ | | | | | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$5,298.01 | + \$= | \$ <u>5,298.01</u> | | | | |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other | | | | | | | | |
| friends or relatives. | | uallabla ta carra | and listed in Catastate 1 | | | | | |
| Do not include any amounts already included in lines 2-10 or amounts that are r Specify: | not av | allable to pay expen | ses listed in <i>Schedule J</i> . 11. + | \$ | | | | |
| | 14 | la Na a Et | | Ψ | | | | |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined | | | | | | | | |
| 13. Do you expect an increase or decrease within the year after you file this form? ✓ No | | | | | | | | |
| Yes. Explain: | | | | | | | | |